

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G65079

1. Entity Name
ASSOCIATED TITLE SERVICES, INC.



Principal Place of Business
**2616 TAMiami TR #6
PORT CHARLOTTE, FL 33952**

Mailing Address
**2616 TAMiami TR #6
PORT CHARLOTTE, FL 33952**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2332802** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHAVE, JAMES S.
2616 TAMiami TRAIL, UNIT 6
PORT CHARLOTTE, FL 33952**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000557262
05/17/06-80043-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAVE, JAMES S.
STREET ADDRESS 2616 TAMiami TRAIL UNIT 6
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE V
NAME EDWARDS, BEVERLY H.
STREET ADDRESS 2616 TAMiami TRAIL UNIT 6
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE D
NAME MAUDSLEY, RON
STREET ADDRESS 280 WEKIVA SPRINGS RD., STE 148
CITY-ST-ZIP LONGWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06